

Kansas State Board of Pharmacy  
900 SW Jackson, Ste. 560  
Topeka, KS 66612-1231  
Phone: 785-296-4056  
Fax: 785-296-8420  
[www.kansas.gov/pharmacy](http://www.kansas.gov/pharmacy)

**APPLICATION FOR REGISTRATION  
NON PRESCRIPTION (OTC) DRUGS**

**APPLICANT INSTRUCTIONS**

**Basic Requirements:** Requirements for registration are outlined in the Kansas Pharmacy Act, specifically K.S.A. 65-1645, K.S.A. 65-1655, K.A.R. 68-14-1 through K.A.R. 68-14-8. Statutes and Regulations can be found at [www.kansas.gov/pharmacy](http://www.kansas.gov/pharmacy).

**About the Application.** This application is to be completed by you and returned to the Kansas State Board of Pharmacy. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Be sure to keep a copy of the completed application for your records.

**Application good for One Year.** Your application will be kept on file for one year from date of receipt. You will need to resubmit a renewal form and fee after that time.

**Applicant Checklist**

**For registration approval and changes to existing registrations, you must submit in one complete package:**

\_\_\_\_\_ **Completed application with the non-refundable application-processing fee.**

\_\_\_\_\_ **A copy of the current pharmacy license issued by the state of residence.**

\_\_\_\_\_ **A copy of the most recent report of inspection conducted within the past two years by the Board of Pharmacy of the state of residence.**

Return your completed application packet and all supporting documents to:

Kansas State Board of Pharmacy  
900 SW Jackson, Ste. 560  
Topeka, KS 66612-1231

KANSAS STATE BOARD OF PHARMACY  
LONDON STATE OFFICE BUILDING  
900 SW JACKSON ROOM 560  
TOPEKA KS 66612-1231  
(785) 296-4056  
FAX (785) 296-8420

FOR OFFICE USE ONLY

REG NO. \_\_\_\_\_

DATE \_\_\_\_\_

FEE \$ 50.00

APPLICATION FOR **NON PRESCRIPTION (OTC)** DRUG DISTRIBUTOR/WHOLESALE REGISTRATION

The owner hereby makes application as follows:

NAME OF OWNER

FEIN

ADDRESS OF OWNER

CITY

STATE

ZIP

TELEPHONE

FAX

E-MAIL

Type of ownership is: \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Limited Liability Company \_\_\_\_\_ Corporation  
\_\_\_\_\_ Other

\*\*\*\* **IF PARTNERSHIP, LLC, CORPORATION**, attach additional listing of names, title, social security number, and percentage of ownership. \*\*\*\*

The owner makes application for registration to distribute nonprescription, noncontrolled drugs in the State of Kansas under the name of and at the location as follows:

NAME OF DISTRIBUTOR/BUSINESS NAME

**PHYSICAL ADDRESS OF DISTRIBUTOR**

CITY

STATE

ZIP

COUNTY

TELEPHONE

FAX

E-MAIL

**MAILING ADDRESS IF DIFFERENT THAN PHYSICAL LOCATION FOR RENEWAL INFORMATION**

CITY

STATE

ZIP

The owner names the following person as the contact agent/authorized representative to do business with the State of Kansas on the owner's behalf:

NAME OF CONTACT AGENT/AUTHORIZED REPRESENTATIVE

TITLE

TELEPHONE

FAX

E-MAIL

This application is being made for the following reason: (Check all that apply) Effective Date \_\_\_\_\_

\_\_\_\_\_ Original \_\_\_\_\_ Change of Address \_\_\_\_\_ Change of ownership \_\_\_\_\_ Renewal

Hours of Operation: \_\_\_\_\_

QUESTIONS

- 1) Has the applicant or any of the applicant's employees or associates had a disciplinary action taken by the federal or state government of any license(s) held by any employee or associate? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2) Has the applicant or any of the applicant's employees or associates ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 3) Is any action pending on any of the above? \_\_\_\_\_ Yes \_\_\_\_\_ No

OWNER/CORPORATE PORTION

I, \_\_\_\_\_, solemnly swear (or affirm) under the penalties of perjury, that I am the person authorized to sign this application for registration and that the statements and representations made in the foregoing application and all attachments are true and correct to the best of my knowledge and understands that this registration, if issued, will expire ANNUALLY on the 30th day of June and such registration will be cancelled if not renewed ANNUALLY by the 31<sup>st</sup> day of July.

\_\_\_\_\_  
SIGNATURE OF OWNER/OFFICER

Signed and sworn to (or affirmed) before me on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Seal)

My commission expires \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC